Oversight Panel of the Committee on Appropriations:
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Mr. YOUNG, Florida
Mr. HOEKSTRA, Michigan
Mr. FRELINGHUYSEN, New Jersey

## CONGRESSIONAL PROGRESSIVE CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Thank you, Madam Speaker.

Tonight we're here for the Congressional Progressive Caucus, and I'm joined by my colleague, the honorable HANK JOHNSON, who hails from the State of Georgia. And we are the Progressive Caucus. And we're here week after week, month after month to help the American people understand that the progressive community throughout America has a group of people in Congress who are willing to stand up and stand strong and project a progressive vision for all of the Nation.

The Progressive Caucus has designed something we call the progressive message. So this is what we do. We come together, and we talk about our progressive vision for our country.

We started off only a few weeks ago talking about the need to hold the executives accountable and to not simply wipe things that happened in the past 8 years under the rug. Then we came back last week to talk about the economy and the stimulus package. And because we're facing a rising unemployment rate, foreclosure rate that is increasing, because people are losing their jobs, because things are getting tougher every day, we've got to stick with this issue of the economy so we can talk to people about which way forward, what do we do, what is the progressive message to help America go forward.

So with that, I want to introduce my colleague, my good friend from the great State of Georgia, to introduce himself and the topic tonight, Mr. HANK JOHNSON.

Congressman, let me yield to you. How are you doing?

Mr. JOHNSON of Georgia. I'm doing great.

Mr. ELLISON, you have been a shining light and a great example of a courageous congressman who doesn't run with the crowd and do what's popular but you do what's right, and I'm happy to join you tonight.

You know, I am deeply concerned—and have always been deeply concerned—about the fact that there's been a transfer of wealth in this country, a shift of the money from the middle class to the upper 10 percent of earners here in this country. In fact, since 2001, the figures show that worker productivity went up, while at the same time, 96 percent of the income growth went to the wealthiest 10 percent of this country. And so that's a clear indication that something is wrong with the policies that we have been following over the last 8 years.

And despite the wealth that has been transferred into the hands of a small minority of Americans, we still see that the pursuit of greed has brought us to the point where we're closer to a depression than we have been since the Great Depression. And so I'm happy to be a progressive.

The other side of that is conservative. Let's leave everything the way we want to leave it, and let's do business as usual.

We cannot do that.

So I'm happy to be a member of the Progressive Caucus espousing, along with yourself, new ideas; and it's a new time. It's time for change.

Mr. ELLISON. If the gentleman yields back.

Congressman JOHNSON, you know, we are the progressives. We want progress. And if you say you're a conservative, what, over the past 8 years, do you want to conserve? Do you want to conserve these exploding unemployment rates they've handed us? Do you want to conserve this war in Iraq and Afghanistan? Maybe you want to conserve this regime of deregulation which has allowed businesses, and particularly in the financial sector, to do whatever they want and not have to worry about consumers. Is that what you're trying to conserve?

The fact is the people of America don't want conservatism. They want a progressive vision. They're looking at things like I have up on this graph right here.

They're looking at Minnesota. We have an unemployment rate in 2008 of 6.9 percent. Last year, 2007, it was 4.7. In California, they're looking at 9.3 percent unemployment this year, 5.9 percent the year before.

What about our colleagues from Michigan, Congressman JOHNSON? We've got a serious problem.

The question is if you look at these high unemployment rates, and you look at every blue line is 2007 and every red line is 2008, as you can tell, unemployment is up all across the Nation everywhere.

These things did not happen by accident. They are the product of a set of policies, many of which were promulgated right in this gallery you and I are in right now. Many of the policies saying that poor people have too much money and rich people don't have enough money promulgated right here. Tax cuts for the wealthiest Americans, no accountability. As a matter of fact, it was put into legislation that the whole credit default swap market would be excluded from regulation, and now we know that these derivative products cause so much risk in the system that we don't know what to do about it.

The fact is, the policies and the procedures that have brought this about were done right here during the last 8 years, and we are now going to project a progressive vision to get us out of it.

Let me just say this before I turn it over to you, Congressman.

America has suffered 11 straight months of joblessness, of increasing job losses, totaling more than two million in the last year, 1.3 million jobs lost in the last 3 months alone. The job losses totaled over 500,000 in November, the biggest 1-month jump in 34 years. Now that's serious business.

So, facing these kinds of things, Congressman, what would be your thought as to what we should be thinking about right now?

Let me yield to you.

Mr. JOHNSON of Georgia. Okay. Before I answer that, Congressman, I do want to talk about—you mentioned something very interesting and that is the lack of regulation in the financial markets. Oil futures contracts were taken out of the regulatory process by the laws of a senator who would become the Republican nominee for president's financial adviser. And now we have that candidate, that unsuccessful candidate for President, proposing his own economic plan, is what he said he was going to do.

And it took me back to as a young man, my dad decided that he wanted to get under the sink and do something with the plumbing. And he's like a college-educated guy. Never took any plumbing classes or anything. But anyway, we came out of that situation with puddles and puddles of water in the kitchen. So, you know, my mother called in the plumber. She did not entrust fixing what had been messed up to the guy who messed it up.

And so that's where we are right now with our economic plans in this country, our—we call it the stimulus package.

Mr. ELLISON. If I can reclaim my time.

The American Recovery and Reinvestment Act.

I yield back to the gentleman.

Mr. JOHNSON of Georgia. Yes. Thank you.

So we've got a group of folks who were right here as you say, Congressman ELLISON, they were right here in this very Chamber, and they had the leadership up until 2006; and they aided and abetted this country's decline and all of the things that contributed to it.

And so but now they want to dictate the solutions to getting us out of this morass. And it just doesn't make sense.

I hope the American people are paying great attention because my friends on the other side of the aisle, the only

thing that they propose is more tax cuts for the wealthiest 10 percent, and that's certainly not going to work.

We've got to take care of our basic safety net. We've got people in this country who've lost their jobs, they've lost their homes. They are on the street—families, no place to live, no food. And so we've got to fix those things while we also pay attention to the future needs of this country preparing us for the global economy and the long-term future.

And with that, Congressman. I'm going to yield back.

□ 1845

Mr. ELLISON. Congressman JOHNSON has correctly pointed out that we have got people losing their jobs. Unemployment is climbing up to 10 percent in many States, and we don't want to reach that point nationally. But one of the things that I think you will agree with me, Congressman JOHNSON, is that when you lose your job in America, so often you also lose something else—your health care.

You and I have been joined by JIM MCDERMOTT from the great State of Washington, who has been fighting the good fight for so long, knows this issue of health care, and many other issues as well.

Congressman MCDERMOTT, welcome. What can you tell us about the other side of losing a job, or even folks who do have a job, their health care crisis?

Mr. MCDERMOTT. You know, first, I want to say that I want to commend you, KEITH, for bringing this issue of the real vision we need at a time like this. People are looking out there and feeling pretty bummed out by an awful lot of what is going on. Yet, America has been able to rise above things like this in the past, and we are going to do it again.

One of the issues the last time we had this kind of mess—in 1932—that we didn't get done, was health care for everybody. Now, when you lose your job, that is bad enough. Not to have money to send your kids to college, just to barely pay the mortgage and maybe keep some food on the table, keep the car running, and that is all, and suddenly not be able to take your kids to the doctor when you're sick is a horrible feeling as a parent because your kids look to you to take care of them. They haven't got anybody else.

And so what we did today on SCHIP was really the beginning of the vision of what needs to be happening for all Americans because today we were talking about 8 million kids in this country that don't have health insurance, and we took care of 4 million of them, but we didn't talk about the 40-some million adults who don't have health insurance, many of whom are being added to the roles every day as they lose their insurance when they lose their job.

Now, in this country we have always said the market will take care of them; that people can go out and buy their own health insurance, and the insurance companies will have some kind of plan. But it flat is not true. When you lose your job, the likelihood of you being able to find an insurance policy that you can afford and still pay your mortgage and still pay some money for food and run the car and a few things, is absolutely zero.

I mean, in the State of Washington, the highest paid unemployed person gets $518 a week. That is $2,000 a month. Now that is a very slim group of people. Most people are getting the average in the State of Washington—$360 a week. So that is a little over $1,200, $1,300, $1,400 a month to live on. And to be able to buy a policy that can cover the problems of your family is almost nonexistent.

So what I am here to talk about is the fact that this country needs a national health insurance. Buried in this economic recovery package are the seeds of beginning that process. What we have said is if you are losing your job—and we have a program today called COBRA. I don't know what it stands for. It's some acronym in the government. But what it means is when you lose your job, you can keep your health insurance in the company you work for if you can pay the premium.

You have to pay the premium plus 2 percent. So you have to pay 102 percent of the premium, right. So here you are, unemployed, and you get out there and you're supposed to come up with the money to pay 102 percent of the premium. Most people can't do it.

So in this bill we made it possible. We put money in there for us to pay 65 percent of the premium for people who have lost their job and are eligible to take advantage of staying in their company plan under the COBRA program.

It's the first step because the people that are losing their jobs—if you think about it, if you're 65, you're taken care of. You have got Medicare. But if you're below 65, you're really dependent on where your employment is or how rich you are. Most people are getting their health insurance through their employment.

Well, between 55 and 65 is when the wheels start falling off your wagon. When you're 30, you're never going to be sick. You're going to be able to do anything you want in your life. When you get to 50, maybe a little high blood pressure, a little arthritis. Things start to happen to people. It's just at that point they lose their job. They are absolutely uncovered.

So this provision buried in this $900- or $800-some-odd-billion is the first step toward dealing with the problem of people who are under 65 and not children. We took care of most of the children today, and we have taken care of the seniors, but we have got this whole other group of people between the ages of 18 and 65 who it's a lottery—where do you work, who covers you.

We really need a single-payer health care system, in my view. People immediately say, oh, no, no. You're talking about Canada, you're talking about Great Britain.

Mr. ELLISON. Would the gentleman yield for just a moment?

Mr. MCDERMOTT. Sure.

Mr. ELLISON. So you think America should join the 36 other countries in the world that have a single-payer system?

Mr. MCDERMOTT. Absolutely. It's ridiculous that we are the only industrialized country who have never figured out how to do this. And I am going to enter into the RECORD an article from the New Yorker Magazine by Atul Gawande, who is a doctor and a medical writer, about the process by which we are going to get to a plan. Let me just lay it out for you. I think people out there ought to be thinking about it.

Every country in the industrialized world has a different plan. None of the plans are the same. Germany started in 1883. The Prime Minister at that point was worried about the social disruption and said, Let's give them some health care benefits. So they got started on this process, and it's been going since 1883, through two world wars, the German system.

The German system is different than ours would be. The French system, the British system, the Canadian system. The Canadian system started in British Colombia in Saskatchewan, one of the central provinces of the country. Different circumstances.

In British Colombia, the doctors said we can't take care of these old people in the hospitals. We have got to start a health insurance plan. So they started the BC health program.

Saskatchewan, they had a socialist government in that province at that point. They started the system, and it gradually spread all across Canada, and finally at the end they put together an umbrella that sort of tied it all together.

Now, Great Britain started in a different way. Great Britain started in the middle of the Second World War. They realized they had to have healthy people. So the government built hospitals, the government hired the doctors. It was all government everything. And that is their system. Every system comes in a different way.

Now, the United States in 2009 is not going to have Canada, it's not going to have Great Britain, it's not going to have France, it's not going to have anybody else. It's going to have an American system designed by this Congress, with the leadership of President Obama, that deals with the problems as they are today in this country.

Mr. JOHNSON of Georgia. Would the gentleman yield?

Mr. MCDERMOTT. Sure.

Mr. JOHNSON of Georgia. Congressman, it's nice to have you with us, and I admire you so much, both in your foreign affairs philosophy as well as your domestic philosophy. I appreciate the fight that you have put up over many years.

You know, as I see it, health care is also an economic issue, and it's an issue of education as well, because if you have got children who are not healthy, when they go to school, they can't give their best. And so, as they grow up, they can't compete with other students from other countries who have had a healthy preventive health-type of experience.

It's an economic issue because we have got to compete in a global economy now. American workers—and it's so important that our workers, our middle-class workers, that they are able to access health care, remain healthy, wealthy, and wise, if you will. And so it's an economic issue. It's like removing termites from your house. If you know you have got termites, you know that they are going to at some point eat up the whole frame. And so to prevent that from happening is very important.

Health care is one of those important areas that has been neglected for so long for working-class people. And so I am glad that we have a President that is going to be assertive in terms of changing this system that does not work for anybody but the insurance companies as far as I can see.

And so this American Recovery and Reinvestment Plan includes, of course, some outlay for health care. If you could comment, if I might ask.

Mr. MCDERMOTT. There's another piece. I have got to say I am excited because I was just down at the White House and the President just signed SCHIP. He gave a wonderful speech before he signed the bill, and said, This is just a start. We are going to take some more steps.

It's exciting to have somebody leading. And a part of what he has asked us to do in this economic recovery bill is begin the IT buildup that we need in our health care system. When you go to a doctor, and I practiced medicine for 20 years, so I wrote all my stuff out. And if you went to see a doctor somewhere else across the country, there's no way that doctor would know what I had done for you or what I might have prescribed for you, or anything else.

But if we have an electronic system that is protected so privacy is protected—I mean you have got to protect people's privacy. But if you get sick in Minneapolis—or St. Paul, I guess more like it—and you then come to Seattle, the doctor who sees you in Seattle doesn't know anything, because if you don't remember what the medications are or what the x-rays showed or anything else, there's no way he is going to know it.

But with the money that is invested in this economic recovery package for medical technology, for IT work, intellectual properties, you are making it possible for a doctor in Seattle to sit down at his computer with the numbers that Mr. ELLISON would give him and find out what went on with him when he was treated in St. Paul.

Mr. JOHNSON of Georgia. Would the gentleman yield?

Mr. MCDERMOTT. Sure.

Mr. JOHNSON of Georgia. We have cut down on so many medical errors. I know that you being a doctor, you could probably relate to this. The penmanship of the average doctor is quite, some say, arrogant. You can't understand what is written.

So electronic medical records would be a clear communications device that would cut down on medical mistakes, pharmaceutical errors, and the like. That is an investment in the future of this country, and also it sets up our entrepreneurs, Congressman ELLISON. It sets us up to lead the way as future developing nations see the need to bring that kind of technical expertise to their own health care systems.

And so it puts us in a great position in the future, as does the recovery package with respect to energy.

Congressman ELLISON.

Mr. ELLISON. Thank you, Congressman. I am going to yield back to Dr. MCDERMOTT because he was driving at a point that I think the American people need to hear about.

Congressman MCDERMOTT, when you were there at the White House and President Obama had just given his speech, all you guys who were instrumental in getting SCHIP together probably gathered around the desk and you saw him write his name on that bill which, in effect, makes SCHIP law, as a medical professional, as a person dedicated to the health of our Nation, what did you feel?

Mr. MCDERMOTT. You know, I have got to admit, it brought a tear to my eye when he talked in his speech about the fact that when your kids look at you, they expect you to be able to take care of them. And if you haven't got health insurance, then you're caught between a kid that has got a problem and, Can I fill the prescription? Or, If I go and get a big hospital bill with my kid, how am I going to deal with that?

□ 1900

It is a terrible feeling. I remember once when my daughter was in the hospital and she was in the ICU, and you are sitting there wondering if your child is going to make it or not. It is a scary kind of thing as a parent. And to see the President talk about it and say we are going to fix this was really very exciting. And I think that, although I was here in 1993 when we tried it with Mrs. Clinton and at that time business was opposed to us and the medical profession was opposed to us and some labor unions were opposed, and it was really tough going.

Things have changed today. Business wants to have a change, the medical professions want to have a change, and labor unions. And I think it is not going to come quickly and easily, because the status quo is always hard to change in a country. But I bring this article, and I am going to put it in the RECORD, because I want people to read it and realize that it is absolutely possible for us to make a major change, not just tinkering around the edges, but to really make a change that will make it possible to take away from all of us any fear that we are ever going to be economically destroyed, as Mr. JOHNSON says, or that we are going to be not able to be taken care of when we are sick, just on a human basis.

Mr. ELLISON. If the gentleman would yield back for a moment. I want to thank Congressman JOHNSON and you, Congressman MCDERMOTT, for coming here today, because what you are talking about is not just dealing with the immediate situation. We are not saying, well, we are on the Titanic, let's put the deck chairs over there. No, let's move them back over there. We are projecting a progressive vision for our Nation. We are saying we are going this way. And that is why we are here with the progressive message today.

I just want to remind people, we are here with the Progressive Caucus projecting a progressive message, talking about economic prosperity for all Americans. We have talked about unemployment. And Congressman JOHNSON and I had a great dialogue; and when you came, Congressman MCDERMOTT, we began an important conversation about how health care has a vital role to play in the economic health of a family and a Nation. I think we pointed out, when General Mills spends more money on health care than it does on steel, we have got a problem. When Starbucks spends more money on health care than it does on coffee beans, we have got a problem. Both things are true. It is time to move forward. Medical debt being one of the major drivers in bankruptcy. This is the time. The time is now to begin universal health care. And signing SCHIP I believe was the beginning of good times to come.

Mr. MCDERMOTT. You are going to hear people say it is too much, it is too big, we can't do it. But all you have to do is look back at what Franklin Delano Roosevelt did in 1932, when he came into office, with 25 percent unemployment in this country, and he sat down with his people and he said, ''We have got to have Social Security because old people don't have any money to live on when they get old. We don't have any money for poor people, so we are going to have a welfare program. We don't have any money for workers when they lose their jobs, so we are going to have unemployment insurance. And we don't have any money for kids that get dropped off in orphanages because their parents can't take care of them, so we are going to put together a foster care program.'' That was all done in 1935, in the Social Security Act of 1935. It was a huge step forward. And we have a progressive message for this country that we can do that again.

Even in the midst of our darkest hours with all the banks and foreclosures and all this stuff, if we think small, we are going to do small; but if we do and we think big, we can actually get some major steps forward. And

I think the American people are ready to listen to this. I think that they have listened to the fiscal conservatives say, ''We are going to be a fiscal conservative; we are going to waste $1 trillion on a war, and we are going to run the banks into the ditch and we are going to bail them out,'' people are tired of hearing that. I fly home on the planes, and the flight attendants say to me, ''My tax money is going to bail out those guys. I want my tax money to go for things that will help me and my family and all the Americans.''

And I think that the progressive message, its time is now. So I really commend you guys for coming down here and doing this. I have to run off, but I will come back another night and work with you.

Mr. JOHNSON of Georgia. If the gentleman will yield for just one second. Let me start by saying this. The new deal and the investment that was made in this country after the great depression caused this country to prosper; and the money, there were jobs for middle class, and people accumulated wealth. They were able to buy their homes, buy their cars, send their kids to college. But back then there was a whole set of conditions in existence that are not in existence now. But things like infrastructure, health care, which have gone neglected for so long, these are the new areas that we can create jobs. We are talking about 3 million to 4 million jobs will be saved or created by this American Recovery and Reinvestment Act, and we have got to think out of the box in terms of what these long-term measures that are included in the stimulus package will produce in the long term. And if I could get you to just comment on that.

Mr. MCDERMOTT. You go back and you look at history; and I was reading something just today in the Smithsonian magazine. Do you realize that the land grant colleges, the universities in this country were started in the middle of the civil war by Abraham Lincoln? I mean, the country is in chaos, people are dying everywhere. All this is going on, and he said, ''We have to think about the future. We are going to start land grant universities. We are going to give them.'' And every State has one. I am sure Georgia has one, I am sure Minnesota has one. We have got one. Washington State University was created, the idea was created in the middle of the war. The National Science Foundation was created by Abraham Lincoln in the middle of the war.

In these times of the deepest darkest stuff, you have to make long-term investments and think about where we are going in the future. And this bill is filled with it in terms of the health care and in terms of the alternative energy things. Those are changes that are not going to be on the table next Wednesday; they are going to be affecting us in 2 or 3 or 4 or 5 years, but our kids are going to be better off and our country will be better off because we got back up on the road and started thinking long term.

Mr. JOHNSON of Georgia. I think we have got to be broad-minded as we look for solutions to this difficulty that we face that was caused by the conservative movement, the trickled-down economic theories, a failed policy, miserably, a miserably failed policy. And it is causing so much misery to the 90 percent of the people who were working and did not participate in the accumulation of wealth over the last 8 years.

So I am glad that Congressman ELLISON and the Progressive Caucus is taking the lead in ushering in change in the United States Congress. And I will say that I think that the House version of the American Recovery and Reinvestment Act; I don't like the way that the plan is shaping up on the Senate side, it seems like they are wanting to cut things that are important for a changing economy. They want to cut, things like $400 million has been removed for HIV/AIDS prevention and treatment and also STD prevention. Our schools, our middle schools, junior high schools, high schools are rife with persons who are either infected or at risk for being infected by these illnesses. And to the extent that we can prevent these kinds of developments, which are so costly to treat, we are going to actually have a savings when we look at it holistically.

Mr. ELLISON. Well, Congressman, I know you and I join together in thanking Congressman MCDERMOTT, who did such a great job. But on your point, I just want to say that it is too bad that the Senate proposed to cut the provisions on HIV and STD treatment, because it is stimulative. We would be hiring people who would go out to these schools and talk to young people about the importance of proper sexual health, of respecting their bodies and respecting other people, understanding the medical situation that arises when you are irresponsible, when you are unlucky enough to be infected with these horrendous diseases, which are preventable if you know what you are talking about, if you are well armed with good information. It is really too bad. And that is one of the reasons we have to come here, because we are not here as an extension of the Obama administration. We love the fact that he signed SCHIP today. Go for it, President Obama. But if it ever comes a time when we don't agree, we will be here saying that.

So it is critical today that you bring out differences that we have with the Senate package, because it is our job to project a progressive vision. And if you want to know and if folks want to know how to reach us with their progressive vision, they can send their ideas to this e-mail at the bottom of this document here.

I didn't really want to interrupt you, but I just thought it would be an important time to say, don't expect the Progressive Caucus to come to the House floor saying thumbs up to everybody. Expect the Progressive Caucus to say that we agree with some things, we don't agree with others. We are projecting a progressive vision that includes all Americans, that says all Americans should have health, all Americans should have civil rights, all Americans should have a shared economic prosperity.

So forgive me for that interruption, but you inspired me for a moment.

Mr. JOHNSON of Georgia. It is important to note that in addition to promoting policies that led us into this economic downturn in previous House sessions under the control of my friends on the other side, in addition to them willingly going along with certain things that they should have known were going to result in problems for the middle-class people of this country, there was also just simply being a rubber stamp and letting things go by without caring about the impact just to be team players. That kind of situation destroyed the check and balance system between the President, the executive branch, and the legislative branch. So we are now charged with the responsibility and the obligation to be, as much as we really like the new President and the new administration and the new policies and that kind of thing, we have got to remain diligent that we move with haste and with all deliberate speed on certain things.

The American people voted for change. They voted for change in this body, they voted for change in the executive branch, and change we must fight for. And so when we have those who would take us back, it is our duty and our obligation to speak out against them. And that is why I support our courageous Speaker of the House, NANCY PELOSI. She gets a bad rap on radio and sometimes in print with people demonizing her.

□ 1915

But there is a reason why you want to reach out and kill the head of a movement. And it is because that person is being very effective. And so I think that for the most part, we should stand tall with the House version and stand behind our House leadership as they fight for the things that we've worked so carefully for and got into the American Recovery and Reinvestment Act that the Senate threatens now to take away because of wanting to compromise and getting some Republican votes.

Mr. ELLISON. Will the gentleman yield? If you don't mind, if you have a few other facts and figures at your disposal, would you mind detailing for us tonight some of the other things that you believe we need to stick with and not compromise away? Do you have a list of those kinds of things?

Mr. JOHNSON of Georgia. Yes. I would say one of the things would be the extension of the unemployment benefits. And another thing would be the increase in public assistance

money, food stamps, and the like that serve as a safety net. It is just obscene in this country that we would allow people to be living under bridges and we don't even have enough homeless shelters for people. And many of the people are suffering from some kind of health ailment that has been neglected chronically. And so that is important.

I think it is very important that we make a strong investment in our public transportation system. And that money, that pot of money has been decimated by the Senate. And it doesn't take us well into the future. We have to think more in terms of clean and efficient energy that is environmentally safe, that starts contributing to the global warming, because that threatens to take us all out, all the people on Earth. It changes our entire way of living. And so there are certain things we must address and we must address them now. And it is for the long-term benefit of America and the world.

Mr. ELLISON. Will the gentleman yield?

Mr. JOHNSON of Georgia. I will.

Mr. ELLISON. One of the things that I think is important to bear in mind is that as we look at the American Recovery and Reinvestment Act, it is not only stimulus. We keep talking stimulus, stimulus, stimulus. That is not really the right way to describe what we're doing. It is for long-term investment. It is to deal with an emergency issue, but it is also to invest in the long-term health of our Nation. So it is not just stimulus. It is important for the American people to know that.

But I do like this chart because a conservative economist named Mark Zandi did it. And he got his computers out, did some readings and figured out what is going to stimulate the economy the most, what is going to give the economy the most punch. And he found that one of the lowest things on his chart was make the income tax cuts expiring in 2010 permanent. That is like .9 percent. That is pretty low. But the big ones, the big ones that he found were things like temporary increase in food stamps. That is 1.73. That is the highest one on here. That is going to jack up and get people, that is going to help stimulate the economy, things like extend unemployment compensation benefits, 1.64 percent, things you mentioned just a moment ago, that we have to stick with the House version and hold up. Increasing infrastructure spending, 1.59. These are things that are really going to stimulate the economy. And I think it is important that as we really focus on stimulating the economy, we don't give in to ideological matters.

One thing I will say regarding the Obama administration, and you know I'm a big fan, is that President Obama reached out to the Republican Caucus, came to talk to them and tried to work with them. And they completely rebuffed him. And they told him just nothing doing. And here he is reaching across the aisle, trying to move us to this post-partisan place. And not one of them, even though they got their tax cuts, voted for the stimulus package. So in my opinion, I think we should not try to, we should put all the weight on stimulating the economy. We get the economy moving.

We have proved to the American people that conservatives are bad in economics. They don't understand economics very well. When the Democratic President left office in the year 2000, we had a $288 billion surplus. It didn't take long for the Republican President to mess it all up. And the reason was because they are bad at economics. They don't understand economics. Actually they like economics where the rich people get and the poor people don't. If I may, they don't quite understand that a rising tide lifts all boats. You have to make sure that everyone is part of the economic life of the country in order to have a strong, robust economy. You can't just have tax cuts for the rich people. By definition, being rich means you don't need the money. You just stick that money in your back pocket. Maybe it can just sit in an account. But when you give moneys to the poor for things like unemployment insurance, things like food stamps, when you invest in the Nation's infrastructure, then you are really building the economy. Then you're really stimulating the economy.

In my view, I will say with all due respect to our President, who I believe is a great leader, that he has tried to work with them on the other side of the aisle. They have rejected and rebuffed his overture. So skip their tax cuts. Let's get to some real stimulative stuff.

And I yield back.

Mr. JOHNSON of Georgia. Thank you, Congressman. That whole process of trying to get bipartisan support here in the House I guess was probably doomed to failure from the outset because there was no good-faith being exercised by my friends on the other side. It was just politics as usual. Let's play ''gotcha'' politics, and let's use our control over the media to get our message out and to undercut public support for the change that Americans voted for in November.

And I think that the fact that no Republican bucked their leadership to vote in favor of this plan despite the fact that President Obama made significant concessions to my friends on the other side of the aisle, they kept moving the goalposts. If you do this, then they want something down here.

Mr. ELLISON. Do you remember Charlie Brown, whenever he tried to kick the ball, Lucy always picks the ball up. And they picked the ball up on the President, even though they said they were going to hold it down.

I yield back.

Mr. JOHNSON of Georgia. A tremendous analogy. And so we have seen what happened in the House of Representatives. The Senate is supposed to be a more thoughtful and deliberative body. But isn't that the place where all of the earmarks come from? And it is politics up there, too, even though the Senators are elected for 6 years as opposed to the 2 years that Representatives are elected for. And we simply cannot afford to cede our constitutional obligations to the Senate with respect to this reinvestment plan.

Mr. ELLISON. So Congressman, we're going to begin to wrap up our hour at this time. We're going to allow somebody else to offer their views to the American people. But as we get ready to wrap up, I wonder if you have any remarks you would like to share before we hand it over.

Mr. JOHNSON of Georgia. Yes. My friends on the other side have become what they call ''fiscally conservative'' once they lost the majority in the House. And the reason why they lost the majority is because people did not like this idea of increasing spending while at the same time cutting revenues by giving a tax break to the top 10 percent of wealthiest individuals who didn't need it. And so I find it ironic that we hear the voices of those same proponents of failed policy wanting to dictate how we get out of this and what policies we should have. And I just think that now is the time for change. Now is the time for Members of the Progressive Caucus and all the other caucuses to insist that our carefully structured recovery and reinvestment package is not eviscerated by the Senate and then is crammed down our throat in conference committee. I just really want us to stand tall on this one. And I do believe that our Speaker is going to lead that effort. And for that I want to thank her and let her know that we will be right there for her.

Mr. ELLISON. And if the gentleman yields back, you can bet I will be right there with you standing behind our great Speaker, NANCY PELOSI, a leader for all America, a transformative leader, a leader with energy. The fact that she has children the same age as you and I, Congressman, doesn't undermine her energy level. She is energetic. She is powerful. She is visionary. She is progressive. And you and I are here today talking about the Progressive Caucus.

We're here talking about a progressive vision for our Nation. We're making an obvious observation. In the Progressive Caucus you say, look, if you don't like government, if you believe government is the problem, as Ronald Reagan famously said, ''government is the problem,'' it stands to reason you might not be good at it. If you think government is not a good idea to begin with, you might not invest the time, energy and resources necessary to be good at it. And therefore it should be no surprise to anyone that the government, that the Republicans and the conservatives are bad at economics. They are just not good at it. And so it is not surprising to me that they would think that you could increase spending

around a war, cut taxes, and then think that things are going to go well economically—they didn't go well economically—and then deregulate everything, and then neglect the infrastructure.

Well, we're back to offer a progressive vision, to say to America that it is time to have an inclusive economy, to have civil rights, to have environmental protection and to make a better way forward for all Americans. This has been Congressman KEITH ELLISON with the Progressive Caucus with Congressman JOHNSON. Thank you, sir. Congressman MCDERMOTT joined us and we are very proud to be here representing the Progressive Caucus with the progressive message.

[From The New Yorker, Jan. 26, 2009]

ANNALS OF PUBLIC POLICY: GETTING THERE FROM HERE

HOW SHOULD OBAMA REFORM HEALTH CARE?

(By Atul Gawande)

In every industrialized nation, the movement to reform health care has begun with stories about cruelty. The Canadians had stories like the 1946 Toronto Globe and Mail report of a woman in labor who was refused help by three successive physicians, apparently because of her inability to pay. In Australia, a 1954 letter published in the Sydney Morning Herald sought help for a young woman who had lung disease. She couldn't afford to refill her oxygen tank, and had been forced to ration her intake ''to a point where she is on the borderline of death.'' In Britain, George Bernard Shaw was at a London hospital visiting an eminent physician when an assistant came in to report that a sick man had arrived requesting treatment. ''Is he worth it?'' the physician asked. It was the normality of the question that shocked Shaw and prompted his scathing and influential 1906 play, ''The Doctor's Dilemma.'' The British health system, he charged, was ''a conspiracy to exploit popular credulity and human suffering.''

In the United States, our stories are like the one that appeared in the Times before Christmas. Starla Darling, pregnant and due for delivery, had just taken maternity leave from her factory job at Archway & Mother's Cookie Company, in Ashland, Ohio, when she received a letter informing her that the company was going out of business. In three days, the letter said, she and almost three hundred co-workers would be laid off, and would lose their health-insurance coverage. The company was self-insured, so the employees didn't have the option of paying for the insurance themselves—their insurance plan was being terminated.

''When I heard that I was losing my insurance, I was scared,'' Darling told the Times. Her husband had been laid off from his job, too. ''I remember that the bill for my son's delivery in 2005 was about $9,000, and I knew I would never be able to pay that by myself.'' So she prevailed on her midwife to induce labor while she still had insurance coverage. During labor, Darling began bleeding profusely, and needed a Cesarean section. Mother and baby pulled through. But the insurer denied Darling's claim for coverage. The couple ended up owing more than seventeen thousand dollars.

The stories become unconscionable in any society that purports to serve the needs of ordinary people, and, at some alchemical point, they combine with opportunity and leadership to produce change. Britain reached this point and enacted universal health-care coverage in 1945, Canada in 1966, Australia in 1974. The United States may finally be there now. In 2007, fifty-seven million Americans had difficulty paying their medical bills, up fourteen million from 2003. On average, they had two thousand dollars in medical debt and had been contacted by a collection agency at least once. Because, in part, of underpayment, half of American hospitals operated at a loss in 2007. Today, large numbers of employers are limiting or dropping insurance coverage in order to stay afloat, or simply going under—even hospitals themselves.

Yet wherever the prospect of universal health insurance has been considered, it has been widely attacked as a Bolshevik fantasy—a coercive system to be imposed upon people by benighted socialist master planners. People fear the unintended consequences of drastic change, the blunt force of government. However terrible the system may seem, we all know that it could be worse—especially for those who already have dependable coverage and access to good doctors and hospitals.

Many would-be reformers hold that ''true'' reform must simply override those fears. They believe that a new system will be far better for most people, and that those who would hang on to the old do so out of either lack of imagination or narrow self-interest. On the left, then, single-payer enthusiasts argue that the only coherent solution is to end private health insurance and replace it with a national insurance program. And, on the right, the free marketeers argue that the only coherent solution is to end public insurance and employer-controlled health benefits so that we can all buy our own coverage and put market forces to work.

Neither side can stand the other. But both reserve special contempt for the pragmatists, who would build around the mess we have. The country has this one chance, the idealist maintains, to sweep away our inhumane, wasteful patchwork system and replace it with something new and more rational. So we should prepare for a bold overhaul, just as every other Western democracy has. True reform requires transformation at a stroke. But is this really the way it has occurred in other countries? The answer is no. And the reality of how health reform has come about elsewhere is both surprising and instructive.

No example is more striking than that of Great Britain, which has the most socialized health system in the industrialized world. Established on July 5, 1948, the National Health Service owns the vast majority of the country's hospitals, blood banks, and ambulance operations, employs most specialist physicians as salaried government workers, and has made medical care available to every resident for free. The system is so thoroughly government-controlled that, across the Atlantic, we imagine it had to have been imposed by fiat, by the coercion of ideological planners bending the system to their will.

But look at the news report in the Times of London on July 6, 1948, headlined ''FIRST DAY OF HEALTH SERVICE.'' You might expect descriptions of bureaucratic shock troops walking into hospitals, insurance-company executives and doctors protesting in the streets, patients standing outside chemist shops worrying about whether they can get their prescriptions filled. Instead, there was only a four-paragraph notice between an item on the King and Queen's return from a holiday in Scotland and one on currency problems in Germany.

The beginning of the new national health service ''was taking place smoothly,'' the report said. No major problems were noted by the 2,751 hospitals involved or by patients arriving to see their family doctors. Ninety per cent of the British Medical Association's members signed up with the program voluntarily—and found that they had a larger and steadier income by doing so. The greatest difficulty, it turned out, was the unexpected pent-up demand for everything from basic dental care to pediatric visits for hundreds of thousands of people who had been going without.

The program proved successful and lasting, historians say, precisely because it was not the result of an ideologue's master plan. Instead, the N.H.S. was a pragmatic outgrowth of circumstances peculiar to Britain immediately after the Second World War. The single most important moment that determined what Britain's health-care system would look like was not any policymaker's meeting in 1945 but the country's declaration of war on Germany, on September 3, 1939.

As tensions between the two countries mounted, Britain's ministers realized that they would have to prepare not only for land and sea combat but also for air attacks on cities on an unprecedented scale. And so, in the days before war was declared, the British government oversaw an immense evacuation; three and a half million people moved out of the cities and into the countryside. The government had to arrange transport and lodging for those in need, along with supervision, food, and schooling for hundreds of thousands of children whose parents had stayed behind to join in the war effort. It also had to insure that medical services were in place—both in the receiving regions, whose populations had exploded, and in the cities, where up to two million war-injured civilians and returning servicemen were anticipated.

As a matter of wartime necessity, the government began a national Emergency Medical Service to supplement the local services. Within a period of months, sometimes weeks, it built or expanded hundreds of hospitals. It conducted a survey of the existing hospitals and discovered that essential services were either missing or severely inadequate—laboratories, X-ray facilities, ambulances, care for fractures and burns and head injuries. The Ministry of Health was forced to upgrade and, ultimately, to operate these services itself.

The war compelled the government to provide free hospital treatment for civilian casualties, as well as for combatants. In London and other cities, the government asked local hospitals to transfer some of the sick to private hospitals in the outer suburbs in order to make room for victims of the war. As a result, the government wound up paying for a large fraction of the private hospitals' costs. Likewise, doctors received government salaries for the portion of their time that was devoted to the new wartime medical service. When the Blitz came, in September, 1940, vast numbers of private hospitals and clinics were destroyed, further increasing the government's share of medical costs. The private hospitals and doctors whose doors were still open had far fewer paying patients and were close to financial ruin.

Churchill's government intended the program to be temporary. But the war destroyed the status quo for patients, doctors, and hospitals alike. Moreover, the new system proved better than the old. Despite the ravages of war, the health of the population had improved. The medical and social services had reduced infant and adult mortality rates. Even the dental care was better. By the end of 1944, when the wartime medical service began to demobilize, the country's citizens did not want to see it go. The private hospitals didn't, either; they had come to depend on those government payments.

By 1945, when the National Health Service was proposed, it had become evident that a

national system of health coverage was not only necessary but also largely already in place—with nationally run hospitals, salaried doctors, and free care for everyone. So, while the ideal of universal coverage was spurred by those horror stories, the particular system that emerged in Britain was not the product of socialist ideology or a deliberate policy process in which all the theoretical options were weighed. It was, instead, an almost conservative creation: a program that built on a tested, practical means of providing adequate health care for everyone, while protecting the existing services that people depended upon every day. No other major country has adopted the British system—not because it didn't work but because other countries came to universalize health care under entirely different circumstances.

In France, in the winter of 1945, President de Gaulle was likewise weighing how to insure that his nation's population had decent health care after the devastation of war. But the system that he inherited upon liberation had no significant public insurance or hospital sector. Seventy-five per cent of the population paid cash for private medical care, and many people had become too destitute to afford heat, let alone medications or hospital visits.

Long before the war, large manufacturers and unions had organized collective insurance funds for their employees, financed through a self-imposed payroll tax, rather than a set premium. This was virtually the only insurance system in place, and it became the scaffolding for French health care. With, an almost impossible range of crises on its hands—food shortages, destroyed power plants, a quarter of the population living as refugees—the de Gaulle government had neither the time nor the capacity to create an entirely new health-care system. So it built on what it had, expanding the existing payroll-tax-funded, private insurance system to cover all wage earners, their families, and retirees. The self-employed were added in the nineteen-sixties. And the remainder of uninsured residents were finally included in 2000.

Today, Sécurité Sociale provides payroll-tax-financed insurance to all French residents, primarily through a hundred and forty-four independent, not-for-profit, local insurance funds. The French health-care system has among the highest public-satisfaction levels of any major Western country; and, compared with Americans, the French have a higher life expectancy, lower infant mortality, more physicians, and lower costs. In 2000, the World Health Organization ranked it the best health-care system in the world. (The United States was ranked thirty-seventh.)

Switzerland, because of its wartime neutrality, escaped the damage that drove health-care reform elsewhere. Instead, most of its citizens came to rely on private commercial health-insurance coverage. When problems with coverage gaps and inconsistencies finally led the nation to pass its universal-coverage law, in 1994, it had no experience with public insurance. So the country—you get the picture now—built on what it already had. It required every resident to purchase private health insurance and provided subsidies to limit the cost to no more than about ten per cent of an individual's income.

Every industrialized nation in the world except the United States has a national system that guarantees affordable health care for all its citizens. Nearly all have been popular and successful. But each has taken a drastically different form, and the reason has rarely been ideology. Rather, each country has built on its own history, however imperfect, unusual, and untidy. Social scientists have a name for this pattern of evolution based on past experience. They call it ''path-dependence.'' In the battles between Betamax and VHS video recorders, Mac and P.C. computers, the QWERTY typewriter keyboard and alternative designs, they found that small, early events played a far more critical role in the market outcome than did the question of which design was better. Paul Krugman received a Nobel Prize in Economics in part for showing that trade patterns and the geographic location of industrial production are also path-dependent. The first firms to get established in a given industry, he pointed out, attract suppliers, skilled labor, specialized financing, and physical infrastructure. This entrenches local advantages that lead other firms producing similar goods to set up business in the same area—even if prices, taxes, and competition are stiffer. ''The long shadow cast by history over location is apparent at all scales, from the smallest to the largest—from the cluster of costume jewelry firms in Providence to the concentration of 60 million people in the Northeast Corridor,'' Krugman wrote in 1991.

With path-dependent processes, the outcome is unpredictable at the start. Small, often random events early in the process are ''remembered,'' continuing to have influence later. And, as you go along, the range of future possibilities gets narrower. It becomes more and more unlikely that you can simply shift from one path to another, even if you are locked in on a path that has a lower payoff than an alternate one.

The political scientist Paul Pierson observed that this sounds a lot like politics, and not just economics. When a social policy entails major setup costs and large numbers of people who must devote time and resources to developing expertise, early choices become difficult to reverse. And if the choices involve what economists call ''increasing returns''—where the benefits of a policy increase as more people organize their activities around it—those early decisions become self-reinforcing. America's transportation system developed this way. The century-old decision to base it on gasoline-powered automobiles led to a gigantic manufacturing capacity, along with roads, repair facilities, and fuelling stations that now make it exceedingly difficult to do things differently.

There's a similar explanation for our employment-based health-care system. Like Switzerland, America made it through the war without damage to its domestic infrastructure. Unlike Switzerland, we sent much of our workforce abroad to fight. This led the Roosevelt Administration to impose national wage controls to prevent inflationary increases in labor costs. Employers who wanted to compete for workers could, however, offer commercial health insurance. That spurred our distinctive reliance on private insurance obtained through one's place of employment—a source of troubles (for employers and the unemployed alike) that we've struggled with for six decades.

Some people regard the path-dependence of our policies as evidence of weak leadership; we have, they charge, allowed our choices to be constrained by history and by vested interests. But that's too simple. The reality is that leaders are held responsible for the hazards of change as well as for the benefits. And the history of master-planned transformation isn't exactly inspiring. The familiar horror story is Mao's Great Leap Forward, where the collectivization of farming caused some thirty million deaths from famine. But, to take an example from our own era, consider Defense Secretary Donald Rumsfeld's disastrous reinvention of modern military operations for the 2003 invasion of Iraq, in which he insisted on deploying far fewer ground troops than were needed. Or consider a health-care example: the 2003 prescription-drug program for America's elderly.

This legislation aimed to expand the Medicare insurance program in order to provide drug coverage for some ten million elderly Americans who lacked it, averaging fifteen hundred dollars per person annually. The White House, congressional Republicans, and the pharmaceutical industry opposed providing this coverage through the existing Medicare public-insurance program. Instead, they created an entirely new, market-oriented program that offered the elderly an online choice of competing, partially subsidized commercial drug-insurance plans. It was, in theory, a reasonable approach. But it meant that twenty-five million Americans got new drug plans, and that all sixty thousand retail pharmacies in the United States had to establish contracts and billing systems for those plans.

On January 1, 2006, the program went into effect nationwide. The result was chaos. There had been little realistic consideration of how millions of elderly people with cognitive difficulties, chronic illness, or limited English would manage to select the right plan for themselves. Even the savviest struggled to figure out how to navigate the choices: insurance companies offered 1,429 prescription-drug plans across the country. People arrived at their pharmacy only to discover that they needed an insurance card that hadn't come, or that they hadn't received pre-authorization for their drugs, or had switched to a plan that didn't cover the drugs they took. Tens of thousands were unable to get their prescriptions filled, many for essential drugs like insulin, inhalers, and blood-pressure medications. The result was a public-health crisis in thirty-seven states, which had to provide emergency pharmacy payments for the frail. We will never know how many were harmed, but it is likely that the program killed people.

This is the trouble with the lure of the ideal. Over and over in the health-reform debate, one hears serious policy analysts say that the only genuine solution is to replace our health-care system (with a single-payer system, a free-market system, or whatever); anything else is a missed opportunity. But this is a siren song.

Yes, American health care is an appallingly patched-together ship, with rotting timbers, water leaking in, mercenaries on board, and fifteen per cent of the passengers thrown over the rails just to keep it afloat. But hundreds of millions of people depend on it. The system provides more than thirty-five million hospital stays a year, sixty-four million surgical procedures, nine hundred million office visits, three and a half billion prescriptions. It represents a sixth of our economy. There is no dry-docking health care for a few months, or even for an afternoon, while we rebuild it. Grand plans admit no possibility of mistakes or failures, or the chance to learn from them. If we get things wrong, people will die. This doesn't mean that ambitious reform is beyond us. But we have to start with what we have.

That kind of constraint isn't unique to the health-care system. A century ago, the modern phone system was built on a structure that came to be called the P.S.T.N., the Public Switched Telephone Network. This automated system connects our phone calls twenty-four hours a day, and over time it has had to be upgraded. But you can't turn off the phone system and do a reboot. It's too critical to too many. So engineers have had to add on one patch after another.

The P.S.T.N. is probably the shaggiest, most convoluted system around; it contains tens of millions of lines of software code. Given a chance for a do-over, no self-respecting engineer would create anything remotely

like it. Yet this jerry-rigged system has provided us with 911 emergency service, voice mail, instant global connectivity, mobile-phone lines, and the transformation from analog to digital communication. It has also been fantastically reliable, designed to have as little as two hours of total downtime every forty years. As a system that can't be turned off, the P.S.T.N. may be the ultimate in path-dependence. But that hasn't prevented dramatic change. The structure may not have undergone revolution; the way it functions has. The P.S.T.N. has made the twenty-first century possible.

So accepting the path-dependent nature of our health-care system—recognizing that we had better build on what we've got—doesn't mean that we have to curtail our ambitions. The overarching goal of health-care reform is to establish a system that has three basic attributes. It should leave no one uncovered—medical debt must disappear as a cause of personal bankruptcy in America. It should no longer be an economic catastrophe for employers. And it should hold doctors, nurses, hospitals, drug and device companies, and insurers collectively responsible for making care better, safer, and less costly.

We cannot swap out our old system for a new one that will accomplish all this. But we can build a new system on the old one. On the start date for our new health-care system—on, say, January 1, 2011—there need be no noticeable change for the vast majority of Americans who have dependable coverage and decent health care. But we can construct a kind of lifeboat alongside it for those who have been left out or dumped out, a rescue program for people like Starla Darling.

In designing this program, we'll inevitably want to build on the institutions we already have. That precept sounds as if it would severely limit our choices. But our health-care system has been a hodgepodge for so long that we actually have experience with all kinds of systems. The truth is that American health care has been more flotilla than ship. Our veterans' health-care system is a program of twelve hundred government-run hospitals and other medical facilities all across the country (just like Britain's). We could open it up to other people. We could give people a chance to join Medicare, our government insurance program (much like Canada's). Or we could provide people with coverage through the benefits program that federal workers already have, a system of private-insurance choices (like Switzerland's).

These are all established programs, each with advantages and disadvantages. The veterans' system has low costs, one of the nation's best information-technology systems for health care, and quality of care that (despite what you've heard) has, in recent years, come to exceed the private sector's on numerous measures. But it has a tightly limited choice of clinicians—you can't go to see any doctor you want, and the nearest facility may be far away from where you live. Medicare allows you to go to almost any private doctor or hospital you like, and has been enormously popular among its beneficiaries, but it costs about a third more per person and has had a hard time getting doctors and hospitals to improve the quality and safety of their care. Federal workers are entitled to a range of subsidized private-insurance choices, but insurance companies have done even less than Medicare to contain costs and most have done little to improve health care (although there are some striking exceptions).

## THE AMERICAN ECONOMY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Madam Speaker, I very much appreciate the privilege to address you this evening on the floor of the United States House of Representatives. And I also appreciate the dialogue that takes place here on the floor. This is the most deliberative body anywhere in the world. And we have a privilege to be part of it. And as we engage in this debate, it is the circumstance that across this country, Madam Speaker, people listen in. And they're reading the newspapers and following the blogs and watching their cable news networks and also some regular TV. And as this conversation goes on here, Madam Speaker, it echoes out across the entire land. And as this conversation echoes across the entire land, it also becomes part of the national dialogue, this national dialogue that takes place in our schools, in our churches, at the workplace, in the coffee shop, in the break room, across the backyard fence, on the snowmobile and outside doing chores.

Over and over again, Americans interact with each other. And while that is going on, they talk about a lot of things that matter to them such as the aftermath of the Super Bowl, but also current events. And America is, at this point, transfixed on the current event of the—I think not aptly named—''stimulus plan'' that is being debated over in the Rotunda of the United States Senate, Madam Speaker.

And so as this American conversation takes place, they are moving towards a consensus. And sometimes we don't achieve that consensus, Madam Speaker. But the more dialogue we have, the more facts that are brought to play, and in fact many Members in this body know that if they can bring the emotional anecdote to play, it also moves people's opinions.

□ 1930

The things that move people's opinions bring us towards a consensus. When we arrive at a consensus, that consensus, if America's consensus doesn't match up with the Congressional census you will see many Members, Madam Speaker, in this Chamber will shift their position to realign themselves with their constituents.

Now, there are two ways to do this job. One way is to stand up and lay out the framework of the principles that we believe in as individual Members, and then hang on to that framework, attach to it the components of public policy that are compatible with the fundamental belief framework. That's what I believe I've done. And I very much like the input that I received from my constituents the people from my State and across the country, that adds to my knowledge base so that I can make a reasoned, informed decision. That's the approach I think the founders had in mind when they wrote this Constitution and established this constitutional republic, was that there would be representatives in this constitutional republic that would come here. We owe our constituents, all of them, our best effort. And more importantly, Madam Speaker, we owe them our best judgment. That's one way of doing this job here in the United States Congress.

The other is, Madam Speaker, to take a position that you're going to get in front of your constituents, see where they are going, check the wind speed, the barometer, so to speak, and then put up a vote and take a position that reflects the position of your constituents. That goes on in this Congress too often, Madam Speaker, and it troubles me. It troubles me because we are elected for our effort and our judgment, and we owe our constituents our best judgment. But if our judgment is just simply to check the wind, put our finger in the air, then we're not offering to the system we have here the things that we should have to contribute.

And I would bring a little anecdote of Robespierre to mind. He was pretty well established within the French revolution. He was an advocate for the effective and ruthless utilization of the guillotine to get rid of his political enemies and get rid of the aristocracy that he believed had drug the French down and brought about this revolution. But as the people marched in the streets Robespierre went to the window and looked out and saw the mobs marching through the streets in France. This would be about 1789. And he said, I'd better get in front of them and see where they are going for I am their leader.

Now, that's no kind of leader that just simply tries to lead the mob wherever it is that they happen to be going. And some months later Robespierre was one of about 16,000 Frenchmen and women that found themselves a head shorter. But that kind of leadership didn't work very well for Robespierre, and it doesn't work very well for the United States of America.

It's our task to have a vision for the future. We need to articulate that vision. We need to articulate the principles that we believe in and build policies around those tried and true principles that have created this great American Nation. It isn't going to be a giant mosaic of 435 Members that stick their finger in the wind and decide what position they're going to take that will extend their tenure here in the United States Congress, Madam Speaker. It's going to be the people who look into the future with a vision that they can sell to the American people and say, maybe you're not here yet. Maybe you're not ready to move where we need to go. But this Nation is too important to be a reactionary Member of Congress. We've got to be leadership Members of Congress. We're each elected for our leadership as well.

So let me submit, Madam Speaker, that I look back on last year's vote, that vote before the election. There